

Monthly GIC Plan Rates *as of July 1, 2004*

For *Retired Municipal Teachers*

Basic Life Insurance

CITY/TOWN			RMT Pays	City/Town Pays	Total Premium
BASIC LIFE: \$1,000 Coverage			\$0.90	\$1.85	\$2.75
Amesbury	Newbury				
Andover	Orange				
Blackstone Valley Regional SD	Paxton				
Bridgewater	Pelham				
Gloucester	Pioneer Valley Regional SD				
Granby	Plainville				
Hampden-Wilbraham Regional SD	Salisbury				
Narragansett Regional SD	Wilbraham				
BASIC LIFE: \$2,000 Coverage			\$0.90	\$4.64	\$5.54
Amherst	Milton	Stoughton			
Amherst-Pelham Regional SD	Monson	Upper Cape Cod			
Barnstable	North Andover	Regional SD			
Blue Hills Regional SD	Quabbin Regional SD	Ware			
Cohasset	Rehoboth	W. Springfield			
Dennis	Rockland	Whitman-Hanson SD			
Lawrence	Shawsheen Valley	Winthrop			
Martha's Vineyard Regional SD	Regional SD				
BASIC LIFE: \$3,000 Coverage			\$1.35	\$6.96	\$8.31
Weymouth					
BASIC LIFE: \$4,000 Coverage			\$1.80	\$9.28	\$11.08
Rockport					
BASIC LIFE: \$5,000 Coverage			\$2.25	\$11.60	\$13.85
Berkshire Hills Regional SD	Holbrook	Revere			
Berlin-Boylston Regional SD	Holyoke	Rutland			
Billerica	Hudson	Salem			
Bourne	Medford	Saugus			
Dedham	Millis	Spencer			
Eastham	Montague	Stoneham			
Everett	North Adams	Wareham			
Franklin	North Attleboro	Watertown			
Gill-Montague Regional SD	N. Middlesex Regional SD	W. Bridgewater			
Greater Lawrence Regional SD	Norwell	Westfield			
Harvard	Randolph	Woburn			
Hingham					
BASIC LIFE: \$10,000 Coverage			\$4.50	\$23.20	\$27.70
Braintree					
BASIC LIFE: \$15,000 Coverage			\$6.75	\$34.80	\$41.55
Spencer-E. Brookfield Regional SD					

How to calculate your Monthly Premium as of July 1, 2004

- 1 Find the city, town or the school district from which you retired on the life insurance rate chart.
- 2 Locate your "RMT Pays" rate for life insurance.
- 3 Add that amount to the RMT Pays premium below for the health plan you are interested in to determine your monthly health and life insurance premium.

Without MEDICARE PLANS¹

HEALTH PLAN COSTS	INDIVIDUAL COVERAGE			FAMILY COVERAGE		
	RMT Pays	City/Town Pays	Total Premium	RMT Pays	City/Town Pays	Total Premium
Commonwealth Indemnity Plan with CIC (<i>comprehensive</i>)	\$80.03	\$466.62	\$546.65	\$189.95	\$1,086.88	\$1,276.83
Commonwealth Indemnity Plan without CIC (<i>non-comprehensive</i>)	51.85	466.62	518.47	120.76	1,086.88	1,207.64
Fallon Community Health Plan Direct Care	27.57	248.16	275.73	66.18	595.62	661.80
Fallon Community Health Plan Select Care	33.21	298.90	332.11	79.73	717.52	797.25
Health New England	28.76	258.86	287.62	71.20	640.83	712.03
Neighborhood Health Plan	30.84	277.54	308.38	80.13	721.18	801.31

With MEDICARE PLANS¹

HEALTH PLAN COSTS	PER PERSON COVERAGE		
	RMT Pays	City/Town Pays	Total Premium
Commonwealth Indemnity Medicare Extension Plan (OME) with CIC (<i>comprehensive</i>)	\$45.25	\$291.61	\$336.86
Commonwealth Indemnity Medicare Extension Plan (OME) without CIC (<i>non-comprehensive</i>)	32.40	291.61	324.01
Fallon Senior Plan Preferred ²	23.87	214.85	238.72
Harvard Pilgrim Health Care First Seniority ²	20.04	180.36	200.40
Health New England MedRate Plan	35.66	320.94	356.60
Tufts Health Plan Medicare Complement Secure Horizons	28.95	260.51	289.46
	18.27	164.45	182.72

¹ EGRs and RMTs from Peabody – call the GIC for monthly rates.

² Benefits and rates are subject to change January 1, 2005.